

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 12 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000031620

1. Corporation Name

J.M.B. PLUMBING, INC.

2. Principal Office Address

1941 PARK MEADOWS DRIVE

Suite, Apt. #, etc.

SUITE #3

City & State

FORT MYERS, FL.

Zip

Country

33907

3. Mailing Office Address

1941 PARK MEADOWS DRIVE

Suite, Apt. #, etc.

SUITE #3

City & State

FORT MYERS, FL.

Zip

Country

33907

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/05/1996

5. FEI Number

65-6638027

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BOWLER, JOSEPH M.

Street Address (P.O. Box Number is Not Acceptable)

1941 PARK MEADOWS DRIVE

Suite, Apt. #, Etc.

SUITE #3

City

FORT MYERS

State
FL

Zip Code

33907

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joseph M. Bowler
REGISTERED AGENT MUST SIGN

Date 02/08/2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BOWLER, JOSEPH M.	1941 PARK MEADOWS DRIVE SUITE #3	FORT MYERS, FL. 33907

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joseph M. Bowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH M. BOWLER

02/08/2001

Date

941-275-8089

Daytime Phone #

CR2E081 (9/00)